

1. **Who are the Addison County participants already in adult family homes?** There are care providers who have Choices for Care (CFC) participants who live in their home. They are paid for giving personal care as determined by the CFC Service Plan.
2. **Are you comparing 24 hour per day/7 days per week (24/7) to non- 24/7 care?** CFC does not provide general supervision but the 24/7 data was reviewed as part of the development of the tier rate.
3. **Does the rate include Case Management?** Case Management is separate from the tier rate and is limited to 24 hours per year.
4. **What is monthly room and board rate?** The rate will follow the Supplemental Security Income (SSI) Room and Board Rate. **Are they limited to charge that?** Yes, the Minimum Personal Spending will be \$ 115.00
5. **What is the target number of people for AFC? Who are they?** The people to be served are currently enrolled nursing home residents in MFP awaiting housing support who choose this option.
6. **What is an Authorized Agency?** This is the agency that will be contracted by the State to oversee the home provider.
7. **What if something happens to the person, how do you adjust the tier?** The case manager will perform a reassessment to see if the person's care plan needs to be adjusted.
8. **How do the agencies plan for changes in status/tier, will this be a problem?** There will be an initial and an annual reassessment performed by the case manager.
9. **Of the 40 residents that have housing barriers, would they rather an individual apartment or AFC home? Is it still an option to move independently, if available?** Yes, it is the person's choice.
10. **Are AFC participants eligible for Transition Funds?** Only participants who are eligible for MFP will receive the funds.
11. **Is the role of the Housing Specialist to find housing solutions for the 40 people?** The role of the Housing Specialist will be for technical assistance and help to the case managers and housing entities to assist with the participants' transitions back into the community of their choice.
12. **Can you provide the geographic location, housing needs, and where they would like to go, for the 40 people?** The department is gathering that information now.
13. **How many DAIL staff will monitor these Agencies?** The agencies will be supported by the MFP and CFC Quality Department.
14. **What is the difference between service coordination and case management?**
The CM will continue current functions and the Service Coordinator will be the Home Provider's primary contact and perform functions identified by the Authorized Agency. Currently Case Managers will continue to perform their duties as outlined and defined in the CMS Choices for Care manual. The goal is to stay consistent with current practices.

15. Does the CM have to do monthly visits? What if they go over their hours?

-If they use all of the hours they have an opportunity to request a variance.

-The CM can use allotted hours for a monthly visit to ensure the participants needs and service plan is being met.

16. In the event that someone was attending Adult Day-would the fee come from the tier payment? Yes, the tier is all-inclusive of the service plan

17. What training will be provided to Home Providers on Medication Management? Who will provide the training? Who will fund the training? Training will be available through different means and will correlate to the individual participant. The Authorized Agency may also provide training. All parties will discuss the areas of educational needs and who should be responsible. A work group will look at the possibilities.

18. Who are the authorized agencies? Authorized agencies are those that meet the defined requirements to become an authorized agency and have been reviewed and approved by DAIL. The initial applications may give priority to agencies already certified as a DAIL Medicaid provider such as: the Designated Agencies, Traumatic Brain Injury Agencies, Home Health Agencies, and Special Service Agencies.

19. What is the recertification process for Authorized Agencies? What is the process to ensure that the agencies are complying with AFC policies? The Board recommended a recertification process and would like to have a role in the recertification process. There will be a yearly submission of an agreement with DAIL and monthly monitoring of Agencies to ensure compliance and those standards are being met. In the event an Agency is not meeting standards, or other issues arise, the state may choose to not accept their agreement and any Home Providers they were contracted with will be given an option to contract with another Authorized Agency.

20. Will the AFC policies be included in the CFC Highest/High Needs Manual? Do we have a chance to review the docs before they go into the CFC Manual? There was not a chance at the last stakeholder meeting to make comments. MFP would like to give a broader group the opportunity to review the AFC guidelines. Please contact Lisa Parro to send the documents out to a broad distribution before the next AFC meeting. MFP will accept any and all comments at any time and have provided both e-mail and phone numbers for contact. The AFC policies will be included in the manual

21. Who is doing home provider training? Training will be provided in a number of ways, through the Authorized Agency, the Alzheimer's Association, various on-line training applications (self-study) and webinars and conferences.

22. How do agencies get paid for training? This is an expense that the agency incurs.

23. **What qualifications must home providers have in order to provide care?** CFC currently does not train HCBS consumer/surrogates. However, CM's ensure that providers can understand rules and protocols. **In these situations we need to provide training, how will the Authorized Agencies provide training to home providers?** Before placement, it will be determined that the Home Provider possess all the skills and knowledge to take care of the participant and be able to meet all the criteria outlined in the service plan. Training was addressed in question 22.
24. **Do you have target for what the home provider stipend range might actually be?**
-The Authorized Agency determines the tax free stipend amount with the home provider.
25. **Is respite included in the tier?** The tier is an all-inclusive payment.
26. **Are the Housing Specialists temporary and non-benefitted positions?** Are the MFP staff temporary and non-benefitted positions? The Housing Specialists are listed as temporary non-benefitted. The MFP staff (7.5) FTE's are benefitted limited service positions. All administrative expenses of MFP are 100% federally funded.
27. **How will the Dual Eligibles project affect AFC homes?** It will not at this time. We will need to re-examine this question as the DE project rolls out.
28. **Home Assessments are to follow the home instead of the person? How will you ensure that the individual needs of the participant be met by general accessibility standards?** During the matching process, the participant and everyone involved with the care of the participant will ensure that any and all accessibility issues are met and agreed upon. In the event an agreement is not reached, other options will be considered.
29. **How will boundaries be established to allow the participant to retain their privacy?** During the matching process and before placement, agreements outlining and stating privacy issues, advance directives, personal preferences, and a negotiated risk agreement will be detailed, agreed upon, signed and submitted. Updates and changes will be allowed if all parties agree to the change(s). All HIPAA rules will be followed.